

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739753

1. Corporation Name

Rita Apartments II, INC.

2. Principal Office Address

319 South B Street

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33460

Country

USA
Palm Beach

3. Mailing Office Address

2528 BOUNDBROOK DR. S.

Suite, Apt. #, etc.

#207

City & State

WEST PALM BEACH FL

Zip

33460

Country

USA

FILED

04 APR 26 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/26/04--01060--017 **1776.25

REINSTATEMENT 79-04

4. Date Incorporated or Qualified
-- To Do Business in Florida

5. FEI Number

N/A

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MILKA MAKILA

Street Address (P.O. Box Number is Not Acceptable)

319 South B Street

Suite, Apt. #, Etc.

Apt 6

City

Lake Worth

State

FL

Zip Code

33460

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Milka Makila President
REGISTERED AGENT MUST SIGN

Date

04/21/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	<u>MILKA MAKILA</u>	<u>319 South B Street Apt 6</u>	<u>Lake Worth, FL 33460</u>
Secretary	<u>Matti Lassila</u>	<u>896 North Federal Hwy Apt 123</u> <u>#207</u>	<u>Lantana, FL 33462</u> <u>33406</u>
Treasurer	<u>NORMA WYATT</u>	<u>2528 BOUNDBROOK DR. S.</u>	<u>WEST PALM BCH. FL</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Milka Makila President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/04

Date

561-506-5577

Daytime Phone #

CR2E091 (01/04)